



DIS250 - Natural Disaster Waste: Local Government Application for Storage without a Permit

Storage Without a Permit Authorized by K.S.A. 65-3407c(a)(7)

NOTE: The application must be submitted by the local governmental authority having jurisdiction over the area impacted by the natural disaster.

Applicant Information

Local unit of government _____
Contact name (printed) _____
Position/Title _____
Mailing address _____
Phone _____ E-mail _____

Waste and Storage Information

Type of waste _____
Amount of waste _____
Date and type of disaster _____
Date storage will begin _____ Projected date storage will end _____

Storage Site Information

County _____ Legal description $\frac{1}{4}$ _____ $\frac{1}{4}$ _____ Sec _____ Twp _____ Range _____
Storage site address _____
Property owner: ☐ Same as applicant and applicant contact. *[If not the same, complete the following.]*
Property owner _____
Contact name (printed) _____
Position/Title _____
Mailing address _____
Phone _____ E-mail _____

Applicant Requirements

1. The exact location and design of the storage area will be determined in coordination with the Kansas Department of Health and Environment (KDHE).
2. Storage may not begin until this application is approved by KDHE.
3. The waste being stored will only be waste generated from the natural disaster described in this application or from additional demolition required because of the natural disaster (unless otherwise approved in writing by KDHE).
4. If additional demolition is required after the disaster and the waste is from multiple houses or a public or commercial building, the applicant will coordinate with KDHE's Asbestos Program before any demolition or debris handling begins.
5. No waste may be brought to the site after the approved storage period (unless approved in writing by KDHE).
6. All waste will be removed from the storage area by the end of the approved storage period (unless otherwise approved in writing by KDHE).

Applicant Certification

I, the applicant or authorized representative, agree to all applicant requirements specified in this document.

SIGNATURE _____ DATE _____

☐ Same as applicant contact on page 1. *[If not the same, complete the following.]*

Name (printed) _____

Position/Title _____

Phone _____ E-mail _____

Property Owner Approval and Certification *[If the property owner is the applicant, please sign again.]*

I, the disposal site property owner or authorized representative, agree to the following:

1. This property may be used for storage as described in this document.
2. The applicant may access the site as necessary to operate and clean up the storage site.

SIGNATURE _____ DATE _____

☐ Same as property owner or property owner contact on page 1. *[If not the same, complete the following.]*

Name (printed) _____

Position/Title _____

Phone _____ E-mail _____

Local Government or Zoning Authority Approval

Local Gov/Zoning Auth Name _____

SIGNATURE _____ DATE _____

☐ Same as applicant signatory. ☐ Same as property owner signatory. *[If not the same as either, complete the following.]*

Name (printed) _____

Position/Title _____

Phone _____ E-mail _____

KDHE Approval

Approved storage period _____

SIGNATURE _____ DATE _____

Name (printed) _____

Position/Title _____

Phone _____ E-mail _____

Comment _____